PTO/S806 (08-03)
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|---|---|--|-------------|--|--|-------|--------------------|------------------------|---|-------------------------|-------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTD-878 | | | | | | | | | Application or Double Number 10/750 987 | | |
| | CLAIMS AS FILED PART I (Column 1) (Column 2) | | | | | | SWALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| | FOR NUMBER FILED | | | NAME | NUMBER EXTRA | | RATE | FEE | | RATE | REE |
| D7 | CFR LIBEAU) | | | | | П | | 6 | OR | | : 770.a |
| 10 | ALCIAMS OFR LINES | 12 | 12 minus 20 | | | | * 4* | • | OR | X 5 | |
| | PECENTICAL | 45 / | nden 3 | | | | # \$ | | OR | X8. • | |
| <u> </u> | LIPPLE DEFINIDENT CLAIMPRESENT (27 CFR 1.14(4)) | | | | | | +1 . | | OR | 13 | _ |
| - | °t' the difference in column 1 is less than man, order 'O' in column 2. | | | | | | | | GR. | TOTAL | 770.00 |
| | | - | | | | TOTAL | | | | 470 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | |
| | (Cotumn 1) | | | (Column 2) (Column 3) | | | SHALLE | YTITIE | OR | | ENTITY |
| ENTA | | CLAIMS REMAING AFTER AMERICMENT | | IGGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| M | l'otal grant Lugg | • | - | 11 | 80 | | موء | | OR | x 5 | |
| ENOM | (or con Lungs | | 2 | | • | | x 8= | | OR | x \$ | |
| ₹ | FORST PRESENT | ATION OF MARTIFL | E DEPENDE | 911 CLAUL (D'OF | R 1.18(0) | ı | +\$= | | OR | +4= | |
| | (Column 1) (Column 2) (Column 3) | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| | | | | | | | | | • | | |
| NT B | | CLAIMS REMADING AFTER AMENDMENT | | HIGHEST MUNISER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DMENT | Total (27 CPR L. 1992) | ' // | Minus | - 20 | • | | X 5= | | OR | × 5 | |
| 12 | Independent GFCFR LIMPO | • "/ | Minus | - 3 | • — | | X 6 • | | OR | ** | _ |
| AME | FRST PRESENCE | TATION OF HEALTHY | t 0676101 | BIT CLAW (D'O' | RLIND | | +2 • | | OR | + | |
| 十 | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| 10 | 9-26-05 (Column 1) (Column 2) (Column 3) | | | | | | ADDETEE | | , CA | AUDITOR | |
| 1- | 760 | (Column 1) | | (Cotome 2) HIGHEST | (Column 3) | 1 | | r | 1 | | |
| MENT C | | REMAINING AFTER AMENOMENT | | MUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TICNAL FEE | | RATE | ADDI- TICIKAL FEE |
| 30 | Total profit cates | 10 | Minus | - 20 | • — | | x 8 | | OR | x 8 | |
| 1 5 | (22 Cyc Francis | /_ | Minus | - 3 | • | | x 8= | | OR | x 8 | _ |
| Į₹ | FORST PRESENT | eation of Martifa | EDEPEND | BIT CLAM (37 07 | R L(MG) | | +8 | | OR. | + 1 | - |
| | | | | | | • ' | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | - |
| | * If the entry in c | olumn 1 is less the | in the entr | y in column 2, will | le 10° in column in large Plans 20° | 3 | w 70F | | • | | |
| " If the entry in column 1 is less than the entry in column 2, write "o" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than \$0, enter "O". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "O". The "Highest Number Previously Paid For" IT HIS SPACE is less than 3, enter "O". The "Highest Number Breviously Ford For It in Interpretable to the Indian Investor that the part of the According to the According to the Indian Investor the Indian Investor that It is not the Indian Investor that Investor the Indian Investor that Investor the Indian Investor that Investor the Investor that Investor the Investor that Investor the Investor Investor that Investor that Investor the Investor that Inv | | | | | | | | | | | |

The Yighted Number Previously Paid For" (Total or Independent) is the highest number tourd in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benuit by the public which is to life (and by the USPTO) to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to compilete, including gatheting, properting, and automiting the compileted application form to the USPTO. These will vary depending upon the individual case. Any constants on the senset of this you require to compilete this form endfor suggestions for medicing this busden, should be sent to the Chief Information Officer, U.S. Petert and Tradesian Officer, U.S. Department of Commercia, P.O. Box 1450, Alexandria, VA 22113-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEID TO: Commissionner for Petertia, P.O. Box 1450, Alexandria, VA 22113-1453.